2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# P06000144919

Entity Name: WORDONE NETWORK, INC.

Current Principal Place of Business:

8535 BAYMEADOWS ROAD
SUITE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8535 BAYMEADOWS ROAD
SUITE 1
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-8007376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARNELL, JOHN
12972 CANYON CREEK TRAIL SOUTH
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DARNELL, JOHN	
Address:	12972 CANYON CREEK TRAIL SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	S	( ) Delete
Name:	DARNELL, STACY	
Address:	12972 CANYON CREEK TRAIL SOUTH	
City-St-Zip:	JACKSONVILLE, FL 32246	
Title:	D	( ) Delete
Name:	DELPRETE, SCOTT	
Address:	9158 KINGS COLONY ROAD	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	T	( ) Delete
Name:	DELPRETE, ANITA	
Address:	9158 KINGS COLONY ROAD	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	VP	( ) Delete
Name:	BACON, GARY II	
Address:	11591 SURFWOOD AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32246	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA DELPRETE T 04/09/2007

Electronic Signature of Signing Officer or Director — Date